 Bullock Co. Corrections	
(INSTITUTION)	

SEGREGATION UNIT RECORD SHEET

INMATE VIOLATI OR REA DATE & RECEIV	ON A SON TIME (ED: _//	9-	0	u .	roy	Carey State 1 goy	e Proper	ty !	AIS NO: 18039 ADMITTANCE AUTHORIZED BY: 1900 DATE & TIME RELEASED:	
INFORM		:								
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	MORN DAY EVE								OR PROFESSION ONE TO BE PH	HECOHD
WED	MORN DAY EVE								Olar to BE	
THUR 1/26/	MORN DAY EVE	~		Ч	22	N	Chester MSV 06		Emedo Soma	S. Dirticol J. Johnson D. Col
Poly	MORN DAY EVE	7) Y	1	У	37 N	n N	Vista Tooli	SN N	+Stot and	Il Sik patrick los
SAT	MORN DAY EVE	Ŋ)	1	P	10/2-1100/1/		N	to Mele Roels weeks	E. Williams, COT Braden COI

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments

and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Bullock Co. Corrections (INSTITUTION)

SEGREGATION UNIT RECORD SHEET

			1	/	,	1160	. 11		Rhanu	In 2/
	NAME:		$\frac{1}{2}$		ARE	d WEI	ght	A	IS NO: ///	CELL: #
VIOLAT OR REA	ION# 3	<u>/_</u>	A	SH	uH	ON ANOTA	er Inn		DMITTANCE UTHORIZED BY:	+ BAbus
DATE & RECEIV		///	3/	04	l	10:40	ر		ATE & TIME RELEASED:	
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	MATION	:								
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DATE	SHIFT	.B	D	S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	ONE SIGNATURE
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11/20	DAY	12	+_		A	1015-1100/01		10	meet	20 Manda Cot
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SIIN				П				1		
							3	·	······································	
	Pertin	ent i	Info:	i.e	., Epile	eptic: Diabetic:	Suicidal: As	saultive: etc	.	or CALY on
	Meals	SH	: Sh	OW	er-Yes	(Y); No (N); A	lefused (R)	-	الغاد	U
	Exerci	se:	Ente	er A	ctual T	ime Period ar	nd Inside or (Outside (i.e.	9910	RECO
			9:30)/10	:00 IN	; 2:00/2:30 OL	JT),		PROFESTONAL PROFESTOR PROF	COPPE
	Medic	al:	Phys	icia	n will s	sign each time	the inmates	is seen.	EIDE NO	4000
	Psych	: Ps	sych	olog	ical C	ounselor will s	ign each tim	e the impat	Ns seem OF	
	Comm	nent	s: i.	e., (Condu	ct; Attitude, etc	. *Use revei	rse side for	additional comments	
1			a	nd ir	nclude	date, signatur	e, and title.		·•	

Psych: Psychological Counselor will sign each time the inmates is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for and include date, signature.

OIC Signature. Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each attack.

SEGREGATION UNIT RECORD SHEET

		C	ر ر	۱.	d	Wrigh	1.		15 NO: B/187140	· il
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	T	M	IEAL	s	<u> </u>		MEDICAL VISIT	PSYCH	T	
DATE	SHIFT	B	D	S	SH	EXERCISE	VISIT	VISIT	COMMENTS*	OIC SIGNATURE
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FRI)		
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11120	DAY		40		NI	\$50-935	Crown	NO.	Bord meda	Braicel
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	Darting	nt l	nfo:	ه ن	Enile	ntic Dishetic	Suicidal: Acc	eaultine Ct	THE LAND	~0 ¹

NOT TO BE PHOTO OOP

Meals/ SH: Shower-Yes (Y); No (N); Refused (R)

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SEGREGATION UNIT RECORD SHEET

VIOLAT OR RE. DATE 8 RECEI ^N PERTIN	ASON:_ TIME VED:	A5: ∐	id sau	0 H 74 74	d on t	Wright Apother 10:40 PA		A	AIS NO: B 18740 ADMITTANCE AUTHORIZED BY: DATE & TIME RELEASED:	CELL: # 8 4 A. Babers
DATE	SHIFT	В	EAL D	S	SH	EXERCISE	MEDICAL VISIT	PSYCH VIŞIT	COMMENTS*	OIC SIGNATURE
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SAT				4				/-\		President
ul .	MORN	Ν.			N	N	X austern 8	N	o meds	C 1/200 COL
11/1/1	DAY	y			N	1010-1050	went	N	Onto	as & mentral
11.1	EVE	-		\mathcal{A}	141	<u> </u>	D-56P	N	o new	Thoppines
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	Pertine Meals/ Exercis	ent li SH: se:	n fo: Sh Ente 9:30 Physi	i.e. owe er Ac /10: iciar	., Epile er-Yes ctual Ti 00 IN; n will si	ptic; Diabetic; (Y); No (N); Ro ime Period and 2:00/2:30 OU ign each time	Suicidal; Assefused (R) d Inside or O T) the inmates i	aultive; etc. utside (ie.	OR PROFESSION ONFIDENTIA NOT TO BE PA	L RECORD OTO OOP

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Bullock Co. Corrections
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE VIOLAT	E NAME	<u>-61</u>		7/	$-\Gamma$	Rehard			AIS NO:	CELL: # 8
OR RE	ASON:_	01	M	DA	ut	on another		ae p	UTHORIZED BY	t. B. Bulls
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DATE	SHIFT	B	_	Īs	SH	EXERCISE	VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
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	Pertine	ent I	nfo:	i.e.	., Epile	eptic; Diabetic;	Suicidal; Ass	aultive; etc		RE
	Meals/	SH	: Sh	owe	r- Yes	(Y); No (N); R	efused (R)	,	S PROPERTIES	COPPER
	Exerci	se:	Ente	er Ad	ctual T	ime Period an	d Inside or O	utside (Ne.	WEIDER OH	2400
			9:30)/10:	:00 IN:	: 2:00/2:30 OU	T)	~C	MITOBELL	
	Medica	al: F	hys	iciar	n will s	ign each time	the inmates i	s seen.	A PROFESIONAL PHONE TO BE PHONE IS seen.	
	Psych:	: Ps	ych	olog	ical Co	ounselor will si	gn each time	the inmate	is seen.	
									additional comments	

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PRISON HEALTH SERVICES **SEGREGATION LOG**

Name:	Wr	igh	<i>I</i> -,	K) <u>ری</u>	[A	rd		_AIS	·	18	21	40		D	OB_		· · · · · · ·		ַנואט			4		YEA	R_0	40	4			
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PRISON HEALTH SERVICES SEGREGATION LOG

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Case 2:05-cv-00439-WHA-CSC DADLOUMATINENT A SUPERTIONS Page 10 of 10 DEPARTMENT OF CORDECTIONS

	only those	Date					6			7			8			9		-	10		
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